

Fill in this information to identify your case and this filing:

| | | | |
|--|-----------------------|-------------|--|
| Debtor 1 | Robert R. Ladd | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: <u>NORTHERN DISTRICT OF ILLINOIS</u> | | | |
| Case number <u>17-23068</u> | | | <input checked="" type="checkbox"/> Check if this is an amended filing |

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.
 Yes. Where is the property?

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

No
 Yes

3.1 Make: Ford
 Model: Focus
 Year: 2012
 Approximate mileage: 112,000
 Other information:


Who has an interest in the property? Check one

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? Current value of the portion you own?

\$5,400.00 \$5,400.00

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=>

\$5,400.00

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

No

Debtor 1 Robert R. Ladd

Yes. Describe.....

| | |
|--|-----------------|
| Household Goods & Furniture | \$550.00 |
| Furniture | \$500.00 |

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

No

Yes. Describe.....

| | |
|-----------------------------|-----------------|
| TV & Electronics | \$450.00 |
|-----------------------------|-----------------|

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

No

Yes. Describe.....

9. Equipment for sports and hobbies

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

No

Yes. Describe.....

10. Firearms

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

No

Yes. Describe.....

11. Clothes

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

No

Yes. Describe.....

| | |
|-----------------------|-----------------|
| Normal Clothes | \$400.00 |
|-----------------------|-----------------|

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

No

Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

No

Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$1,900.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the

portion you own?

Do not deduct secured

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claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

No
 Yes.....

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

No
 Yes.....

Institution name:

17.1. **Checking**

US Bank

\$1,100.00

18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

No
 Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture

No
 Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments

Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders.
Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them.

No
 Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts

Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No
 Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No
 Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)

No
 Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

No
 Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

No
 Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

No
 Yes. Give specific information about them...

Debtor 1 Robert R. Ladd

27. **Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

No
 Yes. Give specific information about them...

Money or property owed to you?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

28. **Tax refunds owed to you**

No
 Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

29. **Family support***Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

No
 Yes. Give specific information.....

30. **Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No
 Yes. Give specific information..

31. **Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No
 Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No
 Yes. Give specific information..

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue

No
 Yes. Describe each claim.....

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

No
 Yes. Describe each claim.....

| | |
|--|-------------|
| (Workers Compensation) Robert Ladd v KC General Store (Atty. Gerald Connor, Dworkin Maciariello, 134 N. LaSalle St., #650, Chicago, IL 60602) | \$15,000.00 |
|--|-------------|

| | |
|--|-------------|
| (Slip and fall case) Atty: Lauri Niego, Kralovec, Jambois & Schwartz, 60 W. Randolph St., 4th Floor, Chicago, IL 60601 Lawsuit has not been filed | \$15,000.00 |
|--|-------------|

Debtor 1

Robert R. Ladd

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35. Any financial assets you did not already list

No
 Yes. Give specific information..

36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$31,100.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. Do you own or have any legal or equitable interest in any business-related property?

No. Go to Part 6.
 Yes. Go to line 38.

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

| | | |
|--|--------------------|---|
| 55. Part 1: Total real estate, line 2 | | \$0.00 |
| 56. Part 2: Total vehicles, line 5 | | \$5,400.00 |
| 57. Part 3: Total personal and household items, line 15 | | \$1,900.00 |
| 58. Part 4: Total financial assets, line 36 | | \$31,100.00 |
| 59. Part 5: Total business-related property, line 45 | | \$0.00 |
| 60. Part 6: Total farm- and fishing-related property, line 52 | | \$0.00 |
| 61. Part 7: Total other property not listed, line 54 | + | \$0.00 |
| 62. Total personal property. Add lines 56 through 61... | \$38,400.00 | Copy personal property total \$38,400.00 |
| 63. Total of all property on Schedule A/B. Add line 55 + line 62 | | \$38,400.00 |

Fill in this information to identify your case:

| | | | |
|---|-----------------------|-------------------------------|-----------|
| Debtor 1 | Robert R. Ladd | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF ILLINOIS | |
| Case number (if known) | 17-23068 | | |

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

| Brief description of the property and line on <i>Schedule A/B</i> that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|---|------------------------------------|
| | | <i>Check only one box for each exemption.</i> | |
| 2012 Ford Focus 112,000 miles Line from <i>Schedule A/B</i> : 3.1 | \$5,400.00 | <input checked="" type="checkbox"/> \$2,400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| Household Goods & Furniture Line from <i>Schedule A/B</i> : 6.1 | \$550.00 | <input checked="" type="checkbox"/> \$550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Furniture Line from <i>Schedule A/B</i> : 6.2 | \$500.00 | <input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| TV & Electronics Line from <i>Schedule A/B</i> : 7.1 | \$450.00 | <input checked="" type="checkbox"/> \$450.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| Normal Clothes Line from <i>Schedule A/B</i> : 11.1 | \$400.00 | <input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(a) |

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Case number (if known)

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| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|--------------------------------------|--|------------------------------------|
| | Copy the value from Schedule A/B | <i>Check only one box for each exemption.</i> | |
| Checking: US Bank Line from Schedule A/B: 17.1 | \$1,100.00 | <input checked="" type="checkbox"/> \$1,100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| (Workers Compensation) Robert Ladd v KC General Store | \$15,000.00 | <input checked="" type="checkbox"/> \$15,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 820 ILCS 305/21 |
| (Atty. Gerald Connor, Dworkin Maciariello, 134 N. LaSalle St., #650, Chicago, IL 60602) Line from Schedule A/B: 34.1 | | | |
| (Slip and fall case) Atty: Lauri Niego, Kralovec, Jambois & Schwartz, 60 W. Randolph St., 4th Floor, Chicago, IL 60601 | \$15,000.00 | <input checked="" type="checkbox"/> \$15,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(h)(4) |
| Lawsuit has not been filed Line from Schedule A/B: 34.2 | | | |

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

| | | | |
|---|-----------------------|-------------------------------|-----------|
| Debtor 1 | Robert R. Ladd | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF ILLINOIS | |
| Case number (if known) | 17-23068 | | |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| 2.1 | ONEMAIN Creditor's Name | Describe the property that secures the claim: 2012 Ford Focus 112,000 miles | Column A Amount of claim Do not deduct the value of collateral. \$6,818.44 | Column B Value of collateral that supports this claim \$5,400.00 | Column C Unsecured portion if any \$1,418.44 |
|-----|--|---|--|---|---|
| | 230 Randall Road South Elgin, IL 60177-2274 Number, Street, City, State & Zip Code | As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | |
| | | Nature of lien. Check all that apply. <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input checked="" type="checkbox"/> Other (including a right to offset) Non-Purchase Money Security | | | |
| | Date debt was incurred 5/17 - 5/17 | Last 4 digits of account number 6247 | | | |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$6,818.44

If this is the last page of your form, add the dollar value totals from all pages.

\$6,818.44

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

| | | | |
|---|-------------------------------|-------------|-----------|
| Debtor 1 | Robert R. Ladd | | |
| | First Name | Middle Name | Last Name |
| Debtor 2 | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number (if known) | 17-23068 | | |

Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | | Total claim | Priority amount | Nonpriority amount |
|-----|--|---|-----------------|--------------------|
| 2.1 | Clerk of the Circuit Court Priority Creditor's Name Child Support Division 28 N Clark St., Room 200 Chicago, IL 60602 Number Street City State Zip Code | Last 4 digits of account number | \$360.00 | \$360.00 |
| | | When was the debt incurred? | | |
| | | As of the date you file, the claim is: Check all that apply | | |
| | | <input type="checkbox"/> Contingent | | |
| | | <input type="checkbox"/> Unliquidated | | |
| | | <input type="checkbox"/> Disputed | | |
| | | Type of PRIORITY unsecured claim: | | |
| | | <input checked="" type="checkbox"/> Domestic support obligations | | |
| | | <input type="checkbox"/> Taxes and certain other debts you owe the government | | |
| | | <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | |
| | | <input type="checkbox"/> Other. Specify | | |
| | | Child Support Administration Fees | | |

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

Debtor 1 Robert R. Ladd

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Case number (if known)

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| | | | |
|-----|--|--|------------|
| 4.1 | AMEX Nonpriority Creditor's Name Bankruptcy Department PO Box 981535 El Paso, TX 79998-1535 Number Street City State Zip Code | Last 4 digits of account number <u>1103</u> | \$1,011.00 |
| | | When was the debt incurred? <u>Opened 10/16 Last Active 6/18/17</u> | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | |
| | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Purchases</u> | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.2 | Barclay Bank Nonpriority Creditor's Name PO BOX 60517 City of Industry, CA 91716 Number Street City State Zip Code | Last 4 digits of account number <u>6774</u> | \$480.00 |
| | | When was the debt incurred? <u>Opened 10/13 Last Active 6/05/17</u> | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | |
| | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Purchases</u> | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.3 | Cap One Nonpriority Creditor's Name Bankruptcy Dept. PO Box 30285 Salt Lake City, UT 84130-0285 Number Street City State Zip Code | Last 4 digits of account number <u>3436</u> | \$1,221.00 |
| | | When was the debt incurred? <u>Opened 04/15 Last Active 6/05/17</u> | |
| | As of the date you file, the claim is: Check all that apply | | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Contingent <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Unliquidated <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> Disputed <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | |
| | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Purchases</u> | | |
| | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 **Robert R. Ladd**

Case number (if known)

17-23068

Case number (if known)

| | | | |
|-----|--|---|----------|
| 4.4 | Capital One Nonpriority Creditor's Name 15000 Capital One Dr Richmond, VA 23238 Number Street City State Zip Code | Last 4 digits of account number 6529 | \$706.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? Opened 08/12 Last Active 6/05/17 | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Purchases | |
| 4.5 | Cash Store Nonpriority Creditor's Name 1701 N. Larken Avenue Crystal, IL 60403 Number Street City State Zip Code | Last 4 digits of account number | \$500.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Loan | |
| 4.6 | Centura Health/St. Anthony Central Nonpriority Creditor's Name 8140 South Holly Street Littleton, CO 80122-4004 Number Street City State Zip Code | Last 4 digits of account number 5120 | \$65.00 |
| | Who incurred the debt? Check one. | When was the debt incurred? Opened 10/15 | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <input type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Collections | |

Debtor 1 Robert R. Ladd

Case number (if known)

17-23068

4.7

Credit One

Nonpriority Creditor's Name

Bankruptcy Department**PO Box 98873****Las Vegas, NV 89193**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

7751**\$1,248.00****Opened 05/13 Last Active****5/31/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Purchases**

4.8

Credit One Bank Na

Nonpriority Creditor's Name

**Po Box 98875
Las Vegas, NV 89193**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

4832**\$466.00****Opened 05/16 Last Active****5/31/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Purchases**

4.9

Emp of Will County, LLC

Nonpriority Creditor's Name

PO Box 637527**Cincinnati, OH 45263-7527**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

2391**\$1,225.00****When was the debt incurred? Opened 05/17**

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify **Collections**

Debtor 1 Robert R. Ladd

Case number (if known)

17-230684.1
0**Fingerhut**

Nonpriority Creditor's Name

**PO Box 1250
Saint Cloud, MN 56395-1250**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

9265\$525.00

Opened 10/13 Last Active

6/05/17

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Purchases4.1
1**First Choice Loan**

Nonpriority Creditor's Name

1513 Sibley Blvd**Branch #487****Calumet City, IL 60409**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$1,000.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Furniture4.1
2**Genesis Bankcard Service**

Nonpriority Creditor's Name

**PO Box 4499
Beaverton, OR 97076**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

6371\$75.00

Opened 06/17 Last Active

6/22/17

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Purchases

Debtor 1 Robert R. Ladd

Document Page 14 of 24

Case number (if known)

17-230684.1
3**Indigo Bankcard Services**

Nonpriority Creditor's Name

P.O. Box 4499**Beaverton, OR 97076-4499**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number _____

\$275.00

When was the debt incurred? _____

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Purchases** _____

4.1
4**Joliet Fire Department**

Nonpriority Creditor's Name

101 E Clinton Street**Joliet, IL 60432**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **9343****\$200.00**When was the debt incurred? **Opened 11/16****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collections** _____

4.1
5**Merrick Bank**

Nonpriority Creditor's Name

**10705 S. Jordan Gtwy Ste. 200
South Jordan, UT 84095**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number **9057****\$813.00**When was the debt incurred? **Opened 02/17 Last Active
6/05/17****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Purchases** _____

Debtor 1 Robert R. Ladd4.1
6**Onemain**

Nonpriority Creditor's Name

**Po Box 1010
Evansville, IN 47706**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

5761**\$4,311.00****Opened 04/16 Last Active****5/10/17****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Secured4.1
7**Pay Day Loan**

Nonpriority Creditor's Name

**724 W Washington Blvd
Suite 1
Chicago, IL 60661-2106**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

\$1,000.00**When was the debt incurred?****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Loan4.1
8**Personal Finance Compa**

Nonpriority Creditor's Name

**100 W Commercial St Ste
Morris, IL 60450**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

3001**\$1,142.00****Opened 03/17 Last Active****5/08/17****As of the date you file, the claim is:** Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify Loan

Debtor 1 Robert R. Ladd

Case number (if known)

17-230684.1
9**Professional Emergency Physician As**

Nonpriority Creditor's Name

**777 Hennessy Blvd
Baton Rouge, LA 70808**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 6085\$27.00When was the debt incurred? Opened 11/12

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Collections4.2
0**Rezin Orthopedics Center Sc:**

Nonpriority Creditor's Name

**1051 US-6, #100
Morris, IL 60450**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 5258\$106.00When was the debt incurred? Opened 1/26/11

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Collections4.2
1**Springleaf Financial S**

Nonpriority Creditor's Name

**2149 W Jefferson St
Joliet, IL 60435**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number 5761\$0.00Opened 11/15 Last Active
3/04/16

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify NOTICE ONLY

Debtor 1 Robert R. Ladd

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Case number (if known)

17-230684.2
2**St. Joseph Hospital**

Nonpriority Creditor's Name

**333 N Madison
Joliet, IL 60431**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8653\$1,978.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Medical4.2
3**Str Onzd Fcu**

Nonpriority Creditor's Name

**901 N Shabbona St
Streator, IL 61364**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

8797\$0.00Opened 3/18/14 Last Active
12/05/16

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify NOTICE ONLY4.2
4**SYNCB/WALMART**

Nonpriority Creditor's Name

**PO Box 965024
Orlando, FL 32896-5024**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

3777\$107.00Opened 12/15 Last Active
6/08/17

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts

 Other. Specify Purchases

Debtor 1 Robert R. Ladd

Document Page 18 of 24

Case number (if known)

17-230684.2
5**University Of Utah Healthcar**

Nonpriority Creditor's Name

50 North Medical Drive**Salt Lake City, UT 84132**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

2094**\$73.00**

When was the debt incurred?

Opened 12/29/15

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collections**

4.2
6**Wendover Ambulance**

Nonpriority Creditor's Name

427 Mesa St**West Wendover, NV 89883**

Number Street City State Zip Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Is the claim subject to offset?

No
 Yes

Last 4 digits of account number

2250**\$285.00**

When was the debt incurred?

Opened 1/22/16

As of the date you file, the claim is: Check all that apply

Contingent
 Unliquidated
 Disputed

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify **Collections**

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

AMEX
Attn: Bankruptcy Department
PO Box 297871
Fort Lauderdale, FL 33329

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.1 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Bc Services Inc
550 Disc Dr
Longmont, CO 80503

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.6 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Capital 1 Bank
Attn: General Correspondence
Po Box 30285
Salt Lake City, UT 84130

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Capital One Bank Usa

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one):

Part 1: Creditors with Priority Unsecured Claims

Debtor 1 Robert R. Ladd

Case number (if known)

17-23068**15000 Capital One Dr
Richmond, VA 23238** Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Capital One Bank, N.A.
PO Box 71083
Charlotte, NC 28272-1083

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Creditors Discount & A
415 E Main St
Streator, IL 61364

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.14 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
FINGERHUT/WEBBANK
6250 Ridgewood Rd.
Saint Cloud, MN 56303-0820

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Midstatecoll
Po Box 3292
Champaign, IL 61826

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
National Service Bureau, Inc.
18912 North Creek Parkway
Suite 205
Bothell, WA 98011

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Phoenix Financial Serv
8902 Otis Ave Ste 103a
Indianapolis, IN 46216

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.9 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address
Telerecovery
3800 Florida Ave
Kenner, LA 70065

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | Total Claim | |
|--------------------------|---|-------------|---------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | 6a. | \$ 360.00 |
| | 6b. Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. Total Priority. Add lines 6a through 6d. | 6e. | \$ 360.00 |
| Total claims from Part 2 | 6f. Student loans | 6f. | \$ 0.00 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | \$ 18,839.00 |

Debtor 1 Robert R. Ladd

11/08/17 8:16AM

here.

6j. **Total Nonpriority.** Add lines 6f through 6i.

6j. \$ **18,839.00**

Fill in this information to identify your case:

| | |
|---|--------------------------------------|
| Debtor 1 | Robert R. Ladd |
| Debtor 2 (Spouse, if filing) | |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |
| Case number (if known) | 17-23068 |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. **Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Debtor 1

Employed
 Not employed

Debtor 2 or non-filing spouse

Employed
 Not employed

Occupation

Catering

Employer's name

Compass Group

Employer's address

Channah, IL

How long employed there?

12/16

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

| | |
|---------------------|--|
| For Debtor 1 | For Debtor 2 or non-filing spouse |
|---------------------|--|

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. **Estimate and list monthly overtime pay.**

4. **Calculate gross Income.** Add line 2 + line 3.

| | |
|---------------------|----------------|
| 2. \$ 837.00 | \$ N/A |
| 3. +\$ 0.00 | +\$ N/A |
| 4. \$ 837.00 | \$ N/A |

Debtor 1 **Robert R. Ladd**

Case number (if known)

17-23068

| | For Debtor 1 | For Debtor 2 or non-filing spouse |
|--|---|--|
| Copy line 4 here | 4. \$ 837.00 | \$ N/A |
| 5. List all payroll deductions: | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. \$ 209.00 | \$ N/A |
| 5b. Mandatory contributions for retirement plans | 5b. \$ 0.00 | \$ N/A |
| 5c. Voluntary contributions for retirement plans | 5c. \$ 0.00 | \$ N/A |
| 5d. Required repayments of retirement fund loans | 5d. \$ 0.00 | \$ N/A |
| 5e. Insurance | 5e. \$ 0.00 | \$ N/A |
| 5f. Domestic support obligations | 5f. \$ 0.00 | \$ N/A |
| 5g. Union dues | 5g. \$ 0.00 | \$ N/A |
| 5h. Other deductions. Specify: _____ | 5h.+ \$ 0.00 | + \$ N/A |
| 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. \$ 209.00 | \$ N/A |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. \$ 628.00 | \$ N/A |
| 8. List all other income regularly received: | | |
| 8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. \$ 0.00 | \$ N/A |
| 8b. Interest and dividends | 8b. \$ 0.00 | \$ N/A |
| 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. \$ 0.00 | \$ N/A |
| 8d. Unemployment compensation | 8d. \$ 0.00 | \$ N/A |
| 8e. Social Security | 8e. \$ 1,842.00 | \$ N/A |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____ | 8f. \$ 0.00 | \$ N/A |
| 8g. Pension or retirement income | 8g. \$ 400.00 | \$ N/A |
| 8h. Other monthly income. Specify: _____ | 8h.+ \$ 0.00 | + \$ N/A |
| 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. \$ 2,242.00 | \$ N/A |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ 2,870.00 | + \$ N/A |
| | = \$ 2,870.00 | |
| 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____ | 11. +\$ 0.00 | |
| 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data</i> , if it applies | 12. \$ 2,870.00 | |
| | | Combined monthly income |
| 13. Do you expect an increase or decrease within the year after you file this form? | <input checked="" type="checkbox"/> No. <input type="checkbox"/> Yes. Explain: _____ | |

Fill in this information to identify your case:

| | |
|---|--------------------------------------|
| Debtor 1 | Robert R. Ladd |
| Debtor 2 | |
| (Spouse, if filing) | |
| United States Bankruptcy Court for the: | NORTHERN DISTRICT OF ILLINOIS |
| Case number | 17-23068 |
| (If known) | |

Check if this is:

An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

3. Do your expenses include expenses of people other than yourself and your dependents? No Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **700.00**

Your expenses

If not included in line 4:

4a. Real estate taxes
4b. Property, homeowner's, or renter's insurance
4c. Home maintenance, repair, and upkeep expenses
4d. Homeowner's association or condominium dues
5. Additional mortgage payments for your residence, such as home equity loans

| | |
|--------|--------------|
| 4a. \$ | 0.00 |
| 4b. \$ | 15.00 |
| 4c. \$ | 75.00 |
| 4d. \$ | 0.00 |
| 5. \$ | 0.00 |

Debtor 1 Robert R. Ladd

Case number (if known) 17-23068

| | | |
|--|--|----------------------|
| 6. Utilities: | 6a. Electricity, heat, natural gas | 6a. \$ <u>180.00</u> |
| | 6b. Water, sewer, garbage collection | 6b. \$ <u>0.00</u> |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. \$ <u>218.00</u> |
| | 6d. Other. Specify: _____ | 6d. \$ <u>0.00</u> |
| 7. Food and housekeeping supplies | 7. \$ <u>400.00</u> | |
| 8. Childcare and children's education costs | 8. \$ <u>0.00</u> | |
| 9. Clothing, laundry, and dry cleaning | 9. \$ <u>175.00</u> | |
| 10. Personal care products and services | 10. \$ <u>175.00</u> | |
| 11. Medical and dental expenses | 11. \$ <u>117.00</u> | |
| 12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. \$ <u>375.00</u> | |
| 13. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. \$ <u>0.00</u> | |
| 14. Charitable contributions and religious donations | 14. \$ <u>0.00</u> | |
| 15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| 15a. Life insurance | 15a. \$ <u>0.00</u> | |
| 15b. Health insurance | 15b. \$ <u>0.00</u> | |
| 15c. Vehicle insurance | 15c. \$ <u>140.00</u> | |
| 15d. Other insurance. Specify: _____ | 15d. \$ <u>0.00</u> | |
| 16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____ | 16. \$ <u>0.00</u> | |
| 17. Installment or lease payments: | 17a. \$ <u>0.00</u> | |
| 17b. Car payments for Vehicle 2 | 17b. \$ <u>0.00</u> | |
| 17c. Other. Specify: Storage | 17c. \$ <u>50.00</u> | |
| 17d. Other. Specify: _____ | 17d. \$ <u>0.00</u> | |
| 18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. \$ <u>0.00</u> | |
| 19. Other payments you make to support others who do not live with you. Specify: _____ | 19. \$ <u>0.00</u> | |
| 20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income. | | |
| 20a. Mortgages on other property | 20a. \$ <u>0.00</u> | |
| 20b. Real estate taxes | 20b. \$ <u>0.00</u> | |
| 20c. Property, homeowner's, or renter's insurance | 20c. \$ <u>0.00</u> | |
| 20d. Maintenance, repair, and upkeep expenses | 20d. \$ <u>0.00</u> | |
| 20e. Homeowner's association or condominium dues | 20e. \$ <u>0.00</u> | |
| 21. Other: Specify: _____ | 21. +\$ <u>0.00</u> | |
| 22. Calculate your monthly expenses | | |
| 22a. Add lines 4 through 21. | \$ <u>2,620.00</u> | |
| 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | \$ <u>2,620.00</u> | |
| 22c. Add line 22a and 22b. The result is your monthly expenses. | \$ <u>2,620.00</u> | |
| 23. Calculate your monthly net income. | | |
| 23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I. | 23a. \$ <u>2,870.00</u> | |
| 23b. Copy your monthly expenses from line 22c above. | 23b. -\$ <u>2,620.00</u> | |
| 23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> . | 23c. \$ <u>250.00</u> | |
| 24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage? | | |
| <input checked="" type="checkbox"/> No. | | |
| <input type="checkbox"/> Yes. | Explain here: _____ | |